

**Pre-Proposal Conference Minutes**  
**June 4, 2014 , 9:30 A.M.**  
**Sustainability for Population Health Improvement**  
**DHMH-OPASS-15-14546**

***Overview of Procurement Process***

*(Queen Davis, CPPB – Office of Procurement and Support Services)*

- Carefully review Section 1 – General Information of the RFP
  - As noted, DHMH has issued this RFP to contract with a vendor to provide expert consultation and planning services for sustaining population health improvement in Maryland.
- Carefully review Section 2 – Offeror Minimum Qualification of the RFP
  - Offerors must demonstrate significant experience in innovative health care delivery by including in the proposal three examples of experience with contracts in the amount of \$250,000 or greater within the last five years.
  - Project description must include information regarding project goals, services provided, and deliverables.
  - Offeror must include contact information (name, title, telephone number, and e-mail address) for each client organization that can document the Offeror's required experience.
- The RFP and all subsequent documentation will be posted on the e-MarylandMarketplace ([www.eMaryland.buyspeed.com/bsc](http://www.eMaryland.buyspeed.com/bsc)) and DHMH ([www.dhmh.maryland.gov/opass/SitePages/Home.aspx](http://www.dhmh.maryland.gov/opass/SitePages/Home.aspx)) websites.
  - In order to receive a contract award, all vendors must be registered on e-MarylandMarketplace. Registration is free.
  - Please see Subsection 1.8 for details.
- Carefully review Subsection 1.9 – Questions for information about how to submit questions.
  - Questions are to be addressed to the Procurement Officer, Michael Howard and should be submitted via e-mail to [dhmh.solicitationquestions@maryland.gov](mailto:dhmh.solicitationquestions@maryland.gov).
  - Questions should be submitted no later than 5 business days prior to proposal due date
- The contract has a 7 month term. Start date is currently scheduled to be on or about August 1, 2015.
- Carefully review Section 3 – Scope of Work (beginning of page 23) for a full understanding of the requirements of this RFP.
- The procurement method used for this solicitation is competitive sealed proposal.
- Carefully review Section 4 – Proposal Format (beginning on page 30) for all submission requirements.
  - Offerors are required to submit their responses to the RFP in two parts: Volume I – Technical Proposal (separately sealed) and Volume II – Financial Proposal (separately sealed).
  - Section 4.4. – Volume I/Technical Proposal (page 30)

- Pay special attention to Subsection 4.4.2 – Additional Required Technical Submissions.
  - The following number of Technical Proposals are required: 1 unbound original; 5 unbound copies, 1 electronic version (CD) in Microsoft Word format; and a second electronic version in searchable pdf format (CD) for Public Information Act (PIA) requests. Please redact the pdf copy so that confidential and/or proprietary information has been removed.
  - Within 5 days of being notified of its recommendation for award, the Offeror must complete and submit Contract Affidavit (Attachment C) in order to make the contract effective. If you are unsure who your Resident Agent is, call the State's Corporate Charter Division at 410-767-1330 or visit the office at in 301 W. Preston Street, Baltimore, MD 21201.
  - Refer to Subsection 4.4.3 – Offeror Technical Response to RFP Requirement for information about where documents and information should be placed in the Technical Proposal.
- Section 4.5 – Volume II/Financial Proposal (page 37)
  - The following number of Financial Proposals are required: 1 unbound original; 5 unbound copies, 1 electronic version (CD) in Microsoft Word format; and a second electronic version in searchable pdf format (CD), which will be accessible to the public. Therefore, please redact the pdf copy so that confidential and/or proprietary information has been removed.
  - See Attachment E for the Financial Proposal instructions and Financial Proposal Form.
- All proposals will be evaluated by a committee organized for that purpose and will be based on the criteria set forth in the RFP. The evaluation criteria and selection procedure are outlined in Section 5, starting with Subsection 5.1.
  - The Technical Criteria, listed in descending order of importance, can be found in Subsection 5.2 (page 38).
  - The Financial Criteria, listed in descending order of importance, can be found in Subsection 5.3 (page 38).
  - The contract will be awarded to the Offeror that submits the proposal deemed to be the most advantageous to the State considering technical evaluation factors and budget factors set forth in the RFP. See Subsection 5.5 (page 38) for more information about the selection procedure.
- Proposals are due by Thursday, June 18, 2015 at 2pm ET. Proposals submitted after the deadline will NOT be accepted.
  - Proposals are to be sent to: Office of Procurement and Support Services  
Room 416  
201 W. Preston Street  
Baltimore, MD 21201  
Attention: Queen Davis
  - 3 acceptable ways to deliver your proposals: (1) USPS (2) hand delivery by Offeror (ask for a receipt), and (3) hand delivery by commercial carrier (ask for receipt)

## **Background and Purpose**

*(Russ Montgomery, PhD, MHS – Director, Office of Population Health Improvement)*

- Due to delays in release of funds from CMS, the project period for the SIM grant is currently being revised. This change will likely impact the timing of this procurement process and the contract itself. Any changes will be presented as amendments to the RFP.
- DHMH and the Office of Population Health Improvement are issuing this solicitation as part of round 2 of the State Innovation Models Initiative (SIM), created by the CMS Innovation Center.
- The context for this RFP is around the CMS All Payer Model waiver. Under this innovative delivery and financing model, all 46 acute care hospitals in MD operate under global budget revenue (GBR). The GBR program has moved the state towards paying healthcare providers based on improving population health rather than on volume of services.
- The All Payer Physician Alignment Workgroup and Care Coordination Workgroup have developed recommendations from which the RFP flows. Bidders should review materials released by these workgroups.
- HSCRC has funded regional partnerships to plan and develop care coordination activities. DHMH highly encourages bidders to review those proposals, which are available on the HSCRC website.
- Given the new All Payer Model and other value-based delivery models, a plan is needed for how investments in population health improvement activities can be coordinated and sustained. This plan must encompass the financial mechanisms of the all-payer model, the regional partnerships, and other funding sources.

## **Scope of Work**

- Kick-off Meeting
  - A kick-off meeting will be held to review draft work plans submitted by the Offerors in their Technical Proposals. Based on DHMH feedback given at the meeting, the contractor will revise its draft to produce a final work plan within 5 business days of the kick-off meeting.
- Population Health Sustainability Report
  - The largest component of the contract is a report on sustainability of population health can be in the context of the All Payer Model, ACOs, patient centered medical homes, model for reinvestment, and other funding streams.
  - The contractor will develop a preliminary report to solicit feedback from key stakeholders via a Summit. The preliminary report must include various model options, pros and cons of each model, and a discussion about the feasibility of implementation.
  - The final report must include 4 major components:
    - (1) Service/intervention components
      - Proven strategies and their potential to reduce admissions/readmissions and future health expenditures. Strategies must reflect the Maryland delivery system and emerging regional strategies and should include both clinical and community-based interventions. This section should focus also on multiple risk groups and be inclusive of population health *management* (e.g., care

management for high utilizers) and population health *improvement* (e.g., reducing risk factors in health populations)

- (2) Financing mechanisms
  - Financial models for sustaining the services/interventions and should include reinvestment of hospital savings generated under the all-payer model, targeted investment of hospital community benefit dollars, payment from ACOs, PCMHs, payers, and government.
- (3) Structure and governance
  - Options for regional structure and governance such that key stakeholders – e.g., payers, providers, community health organizations, local governments – are included in decision-making.
- (4) Return on Investment (ROI)
  - Must be based on potential reductions in health care utilization from the recommended services/interventions, the costs of these interventions, and administrative costs.
  - Contractor must use health economists to conduct analysis and present it in a narrative format.
- Population health summit
  - The contractor must organize and conduct an all-day Population Health Summit to discuss the proposed services/interventions and funding mechanisms.
  - The summit is an opportunity to present options from preliminary report, receive feedback, and refine the options for final report based on feedback.
  - Will inform final decisions on the population health sustainability plan.
  - Stakeholders should include: state health leaders, hospital population health directors, community benefits directors, hospital finance directors, primary care providers, specialists, community health organizations, local health departments, patients, and advocacy groups.
  - Meeting costs including: facility rental, lunch for participants, parking for participants, materials, and other related items are the responsibility of the contractor.
  - DHMH will work with contractor on finalizing invitee list, logistics, agenda, and other details.
  - Summit-related deliverables:
    - 2 months prior to the Summit
      - Invitee list
      - Confirmation of logistics (meeting venue, refreshments, etc.)
      - Draft, agenda, and discussion questions
    - 2 weeks prior to summit
      - Final agenda and discussion questions
      - Background materials
    - 3 weeks after summit
      - Detailed meeting summary covering the discussion and laying out stakeholder opinions/decisions
- Staffing

- Staffing must include senior level director with at least 10 years of experience with population health improvement and health care financing models. See section 1.23 for more information.

## Questions

- Guy D’Andrea, Discern Health – To what extent will DHMH provide contractors with data?
  - Answer -- All contractors will have access to HSCRC utilization data, which includes de-identified, patient-level inpatient, outpatient, and ED utilization data from 2008-2014 from all Maryland acute care hospitals. These data are all-payer and include patient’s ZIP code, county of residence, payer(s), and charges. Data will be provided in SAS file format.
- John O’Brien, AWPLI – In regards to the ROI section of the final report, is there a requirement for certification for the health economist that we use?
  - Answer – There is no certification requirement. However, be sure to demonstrate that they have a health economics background and experience in your proposal.
- John O’Brien, AWPLI - Is there some expectation that you will tie this grant into other grants that are currently out in the state?
  - Answer - Yes. These are all interrelated projects and we are all working together at the state level. Therefore, we will be coordinating all of those processes internally. We will also ask that the contractor work alongside HSCRC contractors. Will talk more about it prior to the Go-live Date and Kick-Off Meeting.
- Mohammed Naqvi, Oliver Wyman – What are the expectations around how much time the contractor spends on site throughout this process?
  - Answer - We don’t have a hard and fast requirement. The contractor is expected to be available in person for the kick off meeting, the Summit, and for occasional meetings. Expectations for in-person meetings will be discussed in greater detail at the kick-off meeting. Accordingly, please make sure you budget for some travel in the proposal.
- Mohammed Naqvi, Oliver Wyman – Is there a page limit for the proposal?
  - Answer – No, there is no limit but we encourage you to be as concise as possible.
- Nancy Fisher, Glen Ridge Health – If we are applying as a partnership, does one organization need to be designated as the lead?
  - Answer - No. However, please keep in mind that there will only be one award.
- Nancy Fisher, Glen Ridge Health – Is there a restriction on being in touch with stakeholders during RFP process?
  - Answer – No. Feel free to have discussions with external entities. The only restriction is that you cannot talk to internal DHMH staff.
- Q.C. Jones, TMI solutions – Would the subcontractor experience need to be equal to that of the contractor?
  - Answer – DHMH will not have any relationship with the subcontractors. We will only evaluate the contractor.
- Meghan Gleason, KPMG – Will the state allow exceptions to terms of conditions related to liability?

- Answer – No, DHMH will not allow any exceptions. If there are additional questions or concerns related to this matter, you can submit questions via e-mail.
- Meghan Gleason, KPMG – Can contractors submit additional components above and beyond what is required in the RFP?
  - Answer – Offerors are encouraged to include additional components based on the expertise and judgment. Just be sure to outline why it's needed and its value.
- Nancy Fisher, Glen Ridge Health – Taking into consideration the number of efforts going on in the state, is a contractor involved in other efforts excluded from submitting proposals for this RFP?
  - Answer – No, they are not excluded.
- Mike Strange, CoreMax Consulting- If we submit additional components in our proposal that we believe are of value to state, will that be evaluated higher than other proposals and how does cost factor in?
  - Answer – The proposal and budget will be given the same weight when the review committee evaluates submissions. The minimum requirements will be used as the threshold and anything above and beyond has potential for value added. After that, budgets come into consideration and will play equally into the final ranking of the proposal. If you demonstrate value added in your proposal, we will certainly take it into consideration.
- John O'Brien, AWPLI – Have you solicited any proposals outside of your official RFP process?
  - Answer – No.
- Audrey Chambers Robinson, Inomaz Healthcare Concepts, LLC. – What is the future goal for this to be implemented across the entire state? What does it look like to bring all the organizations together rather than in silos?
  - Answer - Implementation of this model is an ongoing process. There is a potential for phase 2, which would encompass the total cost of care, in 2019. As previously mentioned, hospitals and other entities have already begun work under these new agreements. Additional contracts will be issued as new questions arise and more work is needed to implement the overall model. This contract is really focused on sustainability, and it is extremely important for the selected contractor of this RFP to be very aware of work that is going on by other agencies such as HSCRC. The contractor needs to be aware and incorporate other components where possible. DHMH will provide information, but it's an ongoing process that involves many groups and very important for contractor to know.
- Ralph Williams, AWPLI – How many awards will be going out?
  - Answer - One award.
- Mike Strange, CoreMax Consulting – A portion of the RFP eludes to measurements and ongoing reporting. How much do you expect from an implementation standpoint in terms of what data will be available?
  - Answer- Think through what some of the needs are and include in your proposal. You're encouraged to include these components and other that you think will be important in addition to the four main components that we laid out for the final report.
- Natalie Truesdell, JSI – Is there an expectation of including District of Columbia hospitals given their utilization by Maryland residents?

- Answer – The focus of this contract is on the All Payer Model, which only includes Maryland hospitals, and other Maryland delivery system reforms. However, data are available on Maryland residents’ utilization of District of Columbia hospitals. DHMH can assist the contractor with obtaining these data if the contractor determines it is need.
- Tanya Zucconi, SRG technology - What is the award amount?
  - Answer - We have not set a limit for the award amount.
- Natalie Truesdell, JSI – is there any summary analysis from ongoing initiatives that will be available during the contract period?
  - Answer - Please review various HSCRC reports on the All Payer Model, reports of workgroups mentioned in the RFP and the plans of the regional partnerships. We will keep the contract abreast of other important initiatives.

**Please see attached sign-in sheet for list of attendees and an additional list of questions and answers.**

**The period of performance and start date for this solicitation will be revised; vendors will be alerted to the update when the amendment to this RFP is released (expected imminently). The Department is anticipating a due date extension of at least two (2) weeks.**